Richard Browning, Jr.
In re Jessica Browning

Debtor(s)

Case Number: **07-62601**

(If known)

According to the calculations required by this statement:

☐ The presumption arises.

■ The presumption does not arise.

(Check the box as directed in Parts I, III, and VI of this statement.)

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

Part I. EXCLUSION FOR DISABLED VETERANS

If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part

In addition to Schedules I and J, this statement must be completed by every individual Chapter 7 debtor, whether or not filing jointly, whose debts are primarily consumer debts. Joint debtors may complete one statement only.

1	VIII. Do not complete any of the remaining parts of this statement. Uveteran's Declaration. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).									
	i was	performing a nomerand defense activity (as de	, III IC	u III 32 0.3.0. 3701	(1)).					
	Par	t II. CALCULATION OF MO	NT	HLY INCOM	ΛE	FOR § 707(k)(7) EXCLU	SI	ON
	Marit	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.								
	а. 🗆									
2	9	Married, not filing jointly, with declaration of spouse and I are legally separated under applic of evading the requirements of § 707(b)(2)(A) 3-11.	:able	non-bankruptcy la	w or	my spouse and I are	livin	g apart other tha	an f	or the purpose
		Married, not filing jointly, without the declara					ove.	Complete both	n Co	olumn A
	("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.									
	d.	Married, filing jointly. Complete both Colum	nn A	("Debtor's Incon	ne")	and Column B ("Sp	oous	e's Income") f	or I	Lines 3-11.
		ures must reflect average monthly income rece						Column A		Column B
	filing.	dar months prior to filing the bankruptcy case, If the amount of monthly income varied durin h total by six, and enter the result on the appro	ig th	e six months, you n				Debtor's Income		Spouse's Income
3	Gross	s wages, salary, tips, bonuses, overtime, c	omi	missions.			\$	4,288.68	\$	0.00
4	enter	me from the operation of a business, profe the difference in the appropriate column(s) of ot include any part of the business expens	Line	4. Do not enter a	num	ber less than zero.				
	a.	Gross receipts	\$	0.00	\$	0.00				
	b.	Ordinary and necessary business expenses	\$	0.00	\$	0.00				
	C.	Business income	Su	otract Line b from L	ine a	ì	\$	0.00	\$	0.00
5	the a	s and other real property income. Subtract ppropriate column(s) of Line 5. Do not enter a of the operating expenses entered on Line	nun	nber less than zero.	Do	not include any				
5	a.	Gross receipts	\$	0.00	\$	0.00				
	b.	Ordinary and necessary operating expenses	\$	0.00	\$	0.00				
	C.	Rent and other real property income	Su	btract Line b from L	ine a	1	\$	0.00	\$	0.00
6	Interest, dividends, and royalties.					\$	0.00	\$	0.00	
7	Pension and retirement income.					\$	0.00	\$	0.00	
8		amounts paid by another person or entity,								

not include amounts paid by the debtor's spouse if Column B is completed.

0.00

0.00 \$

9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:								
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$	0.00	Spouse \$	0.00	\$	0.00	\$	0.00
	I ncome from all other sources. If necessary, list additional sources on a separate page. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. Specify source and amount.								
10			Debtor		ouse				
	a. b.	\$		\$					
	Total and enter on Line 10	1.*	<u>.</u>			\$	0.00	\$	0.00
11	Subtotal of Current Monthly Incor A, and, if Column B is completed, add Lines					\$	4,288.68	\$	0.00
12	Total Current Monthly I ncome for Line 11, Column A to Line 11, Column B, ar enter the amount from Line 11, Column A.					\$			4,288.68
	Part III. APP	PLICATI	ON OF §	707(b)(7) EXCLL	JSIO	N		
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the numb 12 and enter the result.					e number \$		51,464.16	
14	Applicable median family income. Enter the median family income for the applicable state a size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the ban								
	a. Enter debtor's state of residence:	4	4 \$		72,591.00				
	Application of Section 707(b)(7).	Check the a	pplicable box an	d proceed as dir	ected.		•		
15	■ The amount on Line 13 is less arise at the top of page 1 of this state.							sump	tion does not
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts							ateme	nt.
	Complete Parts IV, V, VI,	and VII	of this state	ement only	if require	d. (S	ee Line 1	5.)	
	Part IV. CALCULATION	OF CUR	RENT MC	NTHLY II	NCOME	FOR	§ 707(b)(2	(*)
16	Enter the amount from Line 12.						\$		
17	Marital adjustment. If you checked the box at Line 2.c, enter the amount of the income listed in Line 11, Colum B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. If you did not check box at Line 2.c, enter zero.								
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.								
			-	_					

	Part V. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)(2)					
	Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)					
19	National Standards: food, clothing, household supplies, personal care, and miscellaneous. Enter "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) \$					
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court).	\$				

20B	Local Standards: housing and utilities; mortgage/rent ex of the IRS Housing and Utilities Standards; mortgage/rent expense for yo available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy cour Monthly Payments for any debts secured by your home, as stated in Line result in Line 20B. Do not enter an amount less than zero.				
	a. IRS Housing and Utilities Standards; mortgage/rental expense	\$			
	b. Average Monthly Payment for any debts secured by your home,				
	if any, as stated in Line 42	\$			
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$		
21	Local Standards: housing and utilities; adjustment. If you 20A and 20B does not accurately compute the allowance to which you are Standards, enter any additional amount to which you contend you are en in the space below:	\$			
	Local Standards: transportation; vehicle operation/public You are entitled to an expense allowance in this category regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses of the standard of the content of th	hether you pay the expenses of operating a			
22	included as a contribution to your household expenses in Line 8.				
	Enter the amount from IRS Transportation Standards, Operating Costs & number of vehicles in the applicable Metropolitan Statistical Area or Censuwww.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$			
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, First Car (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs, First Car	\$			
	Average Monthly Payment for any debts secured by Vehicle 1,				
	b. as stated in Line 42	\$			
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$		
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, Second Car (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.				
		\$			
	Average Monthly Payment for any debts secured by Vehicle 2,	•			
		Subtract Line b from Line a.	\$		
		Φ			
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.				
26	Other Necessary Expenses: mandatory payroll deductions. Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as non-mandatory 401(k) contributions.				
27	Other Necessary Expenses: life insurance. Enter average moterm life insurance for yourself. Do not include premiums for insurant for any other form of insurance.		\$		
			Ψ		

Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are regarded to pay pursuant to court order, such as spousal or child suppert payments. On not include payments on past due support obligations included in Line 44. Other Necessary Expenses: excutation for employment or for a physically or mentally challenged child. Lines the total monthly amount that you actually expend for education that is a condition of update deducation that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expensess: health care. Enter the average monthly amount that you actually expend on health care expenses that are not reinbursed by insurance or paid by a health savings account. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expensess: lectory communication services. Enter the everage monthly amount that you actually pay for telecommunication services other than your basic home telephone service - such as cell phones, pagers, call waiting, caller id, spealal long distance, or internse service - to the everage monthly amount that you actually pay for telecommunication services. Service service - such as cell phones, pagers, call waiting, caller id, spealal long distance, or internse service - to the everage monthly amount that you actually pay for yoursel, your speake, or your dependents in the following actually pay for yoursel, your speake, or your dependents in the following categories. Subpart B: Additional Expense Deductions under § 707(b) Note: Do not include any expenses that you what listed in Lines 19 - 32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List and total expenses that you wi						
challenged child. Enter the total monthly amount that you actually expend for education that is a condition of employment and for education that is a condition of employment and for education that is a condition of employment and for education that is a condition of employment and for education that is a condition of employment and the condition providing similar services is available. 30	28	28 required to pay pursuant to court order, such as spousal or child support payments. Do not include payments on				
childrare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the average monthly amount that you actually expend on health care expenses that are not reimbursed by insurance or piled by a health asvings account. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the average monthly amount that you actually pay for telecommunication services. Enter the average monthly amount that you actually pay for telecommunication services. Enter the average monthly amount that you actually pay for telecommunication services. Enter the total of Lines 19 through 32. Total Expenses Allowed under TRS Standards. Enter the total of Lines 19 through 32. Subpart B: Additional Expense Deductions under § 707(b) Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List and total the average monthly amounts that you actually pay for yourself, your spouse, or your dependents in the following categories. a. Health Insurance	29	challenged child. Enter the total monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no				
health care expenses that are not reimbursed by insurance or paid by a health savings account. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the average monthly amount that you actually pay for telecommunication services other than your basic home telephone service - such as cell phones, pagers, call waining, caller id. special long distance, or interior service: - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. 33 Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32. Subpart B: Additional Expense Deductions under § 707(b) Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List and total the average monthly amounts that you actually pay for yourself, your spouse, or your dependents in the following categories. a Health Insurance \$	30					
actually pay for telecommunication services other than your basic home telephone service - such as cell phones, years, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. 33 Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32. Subpart B: Additional Expense Deductions under § 707(b) Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List and total the average monthly amounts that you actually pay for yourself, your spouse, or your dependents in the following categories. a. Health Insurance	31	health ca	re expenses that are not reimbursed by insuranc	e or paid by a health savings account. D		\$
Subpart B: Additional Expense Deductions under § 707(b) Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List and total the average monthly amounts that you actually pay for yourself, your spouse, or your dependents in the following categories. 34 Bealth Insurance SDD Insubility Insurance Insubility Insurance SDD Insubility Insurance Insurance Insurance SDD Insubility Insurance Insurance SDD Insurance Insurance Insurance SDD Insurance Insura	32	actually pagers, of	pay for telecommunication services other than yo call waiting, caller id, special long distance, or inte	ur basic home telephone service - such a ernet service - to the extent necessary fo	is cell phones,	\$
Subpart B: Additional Expense Deductions under § 707(b) Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List and total the average monthly amounts that you actually pay for yourself, your spouse, or your dependents in the following categories. 34 B. Health Insurance \$	33	Total E	xpenses Allowed under IRS Standards	5. Enter the total of Lines 19 through 32		¢
Health Insurance, Disability Insurance, and Health Savings Account Expenses. List and total the average monthly amounts that you actually pay for yourself, your spouse, or your dependents in the following categories. 34 35 36 38 39 39 30 30 30 30 30 30 30 30		l	•			Ψ
Health Insurance, Disability Insurance, and Health Savings Account Expenses. List and total the average monthly amounts that you actually pay for yourself, your spouse, or your dependents in the following categories. a. Health Insurance			·	•		
the average monthly amounts that you actually pay for yourself, your spouse, or your dependents in the following categories. a. Health Insurance			Note: Do not include any expe	enses that you have listed in	Lines 19-32	
b. Disability Insurance c. Health Savings Account S Continued contributions to the care of household or family members. Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Protection against family violence. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the average monthly amount, in excess of the allowance in the IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$137.50 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards. Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. Continued charitable contributions. Enter the amount that you will continue to contribute in the fo	the average monthly amounts that you actually pay for yourself, your spouse, or your dependents in the following					
Continued contributions to the care of household or family members. Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Protection against family violence. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the average monthly amount, in excess of the allowance in the IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$137.50 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards. Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable or	34	a.	Health Insurance	\$		
Continued contributions to the care of household or family members. Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Protection against family violence. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the average monthly amount, in excess of the allowance in the IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$137.50 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards. Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at wuxdoj.go/vuxf.) or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)		b.	Disability Insurance	\$		
Continued contributions to the care of household or family members. Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Protection against family violence. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the average monthly amount, in excess of the allowance in the IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$137.50 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards. Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at www.usdol.gov/ust/ or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable or		C.	Health Savings Account	\$		
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maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the average monthly amount, in excess of the allowance in the IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$137.50 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards. Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at <u>www.usdoj.gov/ust/</u> or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	35	expenses	s that you will continue to pay for the reasonable	and necessary care and support of an ele	derly, chronically ill,	\$
Home energy costs. Enter the average monthly amount, in excess of the allowance in the IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$137.50 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards. Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	36	maintain	the safety of your family under the Family Violen	ce Prevention and Services Act or other		\$
Education expenses for dependent children less than 18. Enter the average monthly expenses that you actually incur, not to exceed \$137.50 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards. Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). **Total Additional Expenses Deductions under § 707(b) Enter the total of Lines 34 through 40.	37	for Housi	ng and Utilities, that you actually expend for hom	ne energy costs. You must provide you	ur case trustee	
Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary. Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Total Additional Expenses Deductions under § 707(b). Enter the total of Lines 34 through 40.	38					
cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	39	to exceed five n the clerk of the				
41 Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40 c	40				e in the form of	\$
	41	Total A	dditional Expense Deductions under §	707(b). Enter the total of Lines 34 the	rough 40	¢

	Su	ubpart C: Deductions for De	ebt Payment					
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly							
	Name of Creditor a.	Property Securing the Debt	60-month Average Payment \$ Total: Add Lines	\$				
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in							
	Name of Creditor a.	Property Securing the Debt	1/60th of the Cure Amount \$ Total: Add Lines	\$				
44	Payments on priority claims. Enter the total amount of all priority claims (including priority child support and							
45	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense. a. Projected average monthly Chapter 13 plan payment. b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)							
46	T I							
	Subpart D	: Total Deductions Allowed	d under § 707(b)(2)	•				
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.							

	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION					
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$				
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$				
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$				
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$				

	Initial presumption determination. Check the applicable box and proceed as directed.				
	☐ The amount on Line 51 is less than \$6,575. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.				
52	☐ The amount set forth on Line 51 is more than \$10,950 Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.				
	\square The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Part VI (Lines 53 through 55).				
53	Enter the amount of your total non-priority unsecured debt \$				
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.				
	Secondary presumption determination. Check the applicable box and proceed as directed.				
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.				
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.				
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Part VII. ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses. 56 Expense Description Monthly Amount a. \$ b. c. c. d. S Total: Add Lines a, b, c, and d \$

Part VIII. VERIFICATION								
	I declare under penalty must sign.)	y of perjury that the information p	provided in this statement is tru	ue and correct. (If this is a joint case, both debtors				
57	Date:	August 17, 2007	Signature:	/s/ Richard Browning, Jr. Richard Browning, Jr. (Debtor)				
	Date:	August 17, 2007	Signature	/s/ Jessica Browning Jessica Browning (Joint Debtor, if any)				